The Pandemic Response and Preparedness Plan For the Federal Wildland Fire Agencies

Providing Guidance to Ensure the Safety

Of Federal Wildland Fire Employees Involved in:

- **Routine Fire Assignments during a pandemic event**
- **Emergency response assignments during a human pandemic event or animal outbreak**

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I Introduction – Ensuring Employee Safety

Purpose

This plan provides guidance to ensure the safety of all Department of the Interior (DOI) and U.S. Department of Agriculture (USDA) Forest Service employees involved in:

- Routine fire assignments during a pandemic event, and
- Activities for emergency responses to:
  - Avian influenza (AI),
  - Pandemics caused by other infectious disease agents
  - Other non-fire emergencies

This plan provides general guidance applicable to any major infectious disease outbreak or pandemic.

This plan also serves to assist agency administrators/line officers, agency liaisons and incident management teams (IMT) when an infectious disease:

- Has the potential to be introduced,
- Is suspected, or
- Is discovered in a wildland firefighting base camp, local community or workplace—and is thereby considered a threat to the health and safety of response personnel.

Currently Known Risks

This plan should be considered complementary to the Department of Health and Human Services' (HHS) National Pandemic Plan Supplement 4, and any other guidelines, policies, or controls, as determined by other Federal agencies with varying levels of responsibilities. (Such agencies include the Centers for Disease Control and Prevention [CDC]; the Occupational Safety and Health Administration [OSHA]; DOI, USDA, State and local government agencies; and industry.)

Because this plan provides the most current direction from the leading national and world heath organizations, as new information or technologies become relevant, these updates will be posted to National Interagency Fire Center.

It is impossible to anticipate every possible future response scenario. This plan is therefore designed to provide basic levels of operating guidelines, safety precautions, and contacts to lead agencies. It is also intended to provide a broad and comprehensive understanding of the challenges and potential action items that could very well await Department of the Interior and U.S. Forest Service employees on future assignments.

The overall awareness for potential risks to the health and safety of Federal employees is now heightened.

It Is Prudent To Be Prepared for Such an Event

An influenza pandemic has a greater potential to cause rapid increases in death and illness than virtually any other natural health threat. An IMT—or single resources—may be assigned to an incident that responds to such an scenario.

It is, therefore, prudent to be prepared for such an event.

IMT and other response personnel are increasingly called on to provide various services during all-hazard emergencies, including:

- Establishing emergency responder base camp operations,
- Organizing public food distribution, and
- Providing support to evacuee or patient care shelters.

Because these assignments are likely to include assistance to individuals who are either in poor health or are in various states of degraded hygiene, the overall awareness for potential risks to the health and safety of Federal employees is now heightened.

In addition, all-hazard base camps often provide services for other agency response personnel and contractors working in scenarios that could expose these individuals to various illnesses.

Exposure to these illnesses could then, in turn, be introduced into the base camps.

II Authorities

Stafford Act

Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.), the Federal Emergency Management Agency (FEMA)—under the Department of Homeland Security (DHS)—is authorized to coordinate Federal agencies' activities in response to a Presidential declaration of a major disaster or emergency.

The Department of Health and Human Services (HHS) serves as the lead agency for health and medical services. The President may also declare an emergency under the National Emergencies Act (50 U.S.C. 1601 et seq.). The U.S. Forest Service and DOI agencies are responsible under the Stafford Act to provide assistance within the capability of each agency.

National Response Framework

Under the National Response Framework (NRF), the DOI agencies and the U.S. Forest Service are also assigned to assist in situations in which where Federal assistance is required. Specific details regarding the potential roles for these agencies' employees are outlined in the NRF.

Occupational Safety and Health Act

Section 5 (a)(1) of the General Duty Clause of the Occupational Safety and Health Act of 1970 states that *"each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees."* Agency administrators/line officers must take the necessary steps to safeguard employee health in the workplace and implement a Continuity of Operations Plan (COOP) in the event of a pandemic.

HHS' Pandemic Influenza Plan

The *HHS Pandemic Influenza Plan* contains more references on authorities and direction for national, State, and local responses. The plan is available at the Centers for Disease Control and Prevention website. Should access to a computer or the Internet be unavailable, printed copies of the plan and its appendices can be made available to response personnel.

DOI's Pandemic Influenza Plan

The DOI Plan has information related to wildland fire and emergency support function groups.

III National Response Framework Assignments

Wildland Fire Resources Will Be Activated

Under the National Response Framework (NRF), the DOI agencies and the U.S. Forest Service can be activated to assist with any national response—including an outbreak of avian influenza or a pandemic.

The NRF's functional approach groups the capabilities of Federal Government departments, agencies, and non-Federal organizations (such as the American Red Cross) into Emergency Support Functions to provide the planning, support, resources, program implementation, and emergency services that are most likely to be needed.

Responding to support a pandemic relief action can be life threatening.

With the possibility of mobilizing in response to a disease outbreak in animals or a pandemic in humans, people and organizations *not* experienced in health crisis response need to be aware of the actions—and priorities—required to ensure their safety.

The Risk Assessment Process

Responders to incidents with known hazardous conditions must follow "The Risk Assessment Process" (see Appendix A) to assure that all possible dangers are mitigated.

A Risk Assessment must also be completed by the Agency Representative for the Federal Emergency Management Agency (FEMA).

Hazardous jobs that cannot be safely executed—nor *all* dangers reasonably mitigated—must not be included in the Mission Assignment (MA). *MAs must be written based on the results of the Risk Assessment.*

It is recommended that a subject matter expert (SME) be used to help with the assessment process.

Preparing for the various types of tasks that can be expected in such incident responses instills responders with the confidence and knowledge that enables them to safely respond to potentially dangerous assignments.

Under the NRF, the DOI agencies and the U.S. Forest Service are identified as the agencies responsible to assist multiple Federal departments and agencies, including HHS, the General Services Administration (GSA) and the Department of Homeland Security/Federal Emergency Management Administration (DHS/FEMA), within the Emergency Support Functions (ESF) framework. Should the President declare a Major Disaster, wildland fire resources will likely be activated to perform a supporting role. Such an assignment must be within the capability of the agencies' resources and personnel.

Because of the risk of animal to human, or human to human transmission, providing support to the pandemic response can be life threatening. Tasks must, therefore, be specific and carefully described—from the source up to the national level**.**

(For information on mobilizing resources under the NRF, see Chapter IX of this plan.)

IV Responding to an Avian Influenza Outbreak in Birds or Other Zoonotic Disease Outbreak in Livestock, Poultry, or Wildlife

Under the National Response Framework (NRF), the USDA's Animal and Plant Health Inspection Service (APHIS) is responsible for coordinating State, Tribal, local authorities, and the Federal agencies to conduct animal disease control and eradication.

Under the NRF, agency resources are grouped into functions that would most likely be needed during a domestic incident.

Employees involved in activities to control and eradicate any AI virus among poultry in the United States must read, understand, and follow the APHIS Directive.

Monitoring and assisting with the control of wild birds infected with avian influenza is the responsibility of multiple agencies, including the U.S. Fish and Wildlife Service, U.S. Geological Survey, and National Park Service. APHIS and DOI coordinate the Federal Government's surveillance of wild migratory birds for the presence of AI.

Employees involved in activities to control and eradicate any AI virus among poultry in the United States must read, understand, and follow the APHIS Directive "*Guidance for Protecting Workers Against Highly Pathogenic Avian Influenza.*"

Avian Influenza: Poses Risks to Humans, Too

Avian influenza, commonly called bird flu, is a contagious disease of animals caused by viruses that normally infect only birds and—less commonly—pigs. While avian influenza viruses are highly species-specific, on rare occasions they have crossed the species barrier to infect humans.

The widespread persistence of AI in poultry populations poses two main risks for human health. First, is the direct infection that can occur when the virus passes from poultry to humans—resulting in very severe disease. Of the few avian influenza viruses that have crossed the species barrier to infect humans, H5N1 has caused the largest number of cases of severe disease and death in humans. Unlike normal seasonal influenza where infection causes only mild respiratory symptoms in most people, the disease caused by H5N1 follows an unusually aggressive clinical course with rapid deterioration and high numbers of resulting fatalities.

Primary viral pneumonia and multi-organ failure are common. More than half of those infected with the H5N1 virus during the past outbreaks have died. Most cases occurred in previously healthy children and young adults.

The second risk—of even greater concern: if given enough opportunities, the virus may change into a form that is highly infectious for humans—spreading easily from person-to-person. Such an outcome could mark the start of a global outbreak or pandemic.

It was adapted from the OSHA publications "*Guidance for Protecting Workers Against Avian Flu"*, and *"Avian Influenza–Protecting Poultry Workers at Risk*" .

To ensure that they have the most current information, employees must also review the Centers for Disease Control and Prevention's (CDC) interim guidance documents regarding protection of employees involved in controlling and eradicating avian influenza in poultry in the United States.

These two guidance documents are also available:

- *"Interim Recommendations for Persons with Possible Exposure to Avian Influenza During Outbreaks Among Poultry in the United States*"

- *"Interim Guidance for Protection of Persons Involved in U. S. Avian Influenza Outbreak Disease Control and Eradication Activities"*

In addition, the DOI *"Employee Health and Safety Guidance for Avian Influenza Surveillance And Control Activities in Wild Bird Populations"* establishes procedures and provides guidelines for employees involved in avian influenza surveillance and eradication activities. It is a compilation of information from numerous sources within and outside of DOI and ensures a consistent public health approach to protecting employees.

V Responding to a Pandemic in Humans

The Department of Homeland Security (DHS) has the overall responsibility for domestic incident management and its Federal coordination. In the context of response to a pandemic, the Secretary of Homeland Security will coordinate overall non-medical support and response actions, and ensure necessary support to the Secretary of Health and Human Services' coordination of public health and medical emergency response efforts.

Because of the unique nature of a pandemic, responsibility for preparedness and response extends across all levels of government—as well as *all* segments of society. No single entity can prevent or mitigate the impact of a pandemic.

Characteristics of a Pandemic

A "pandemic" is defined as a global disease outbreak.

A pandemic occurs when a virus emerges—for which there is little or no immunity in humans. It then begins to cause serious illness and spreads easily person-to-person worldwide.

A pandemic may require the activation of the National Response Framework, especially if the first appearance of the disease in the United States occurs in one, or a few, isolated communities and an intense multi-party containment effort led by the Federal Government seems appropriate.

Visit The National Response Framework and the National Incident Management System for more information.

Under the National Response Framework (NRF), the Department of Health and Human Services (HHS) has the primary responsibility for coordinating Federal Government assistance to supplement State, local, and Tribal resources in response to public health and medical care needs regarding potential, or *actual*, large-scale public health and medical emergencies.

The DOI agencies and the U.S. Forest Service are "Support Agencies" to HHS. Thus, they provide the appropriate personnel, equipment, and supplies. This support is primarily for communications, aircraft, and the establishment of base camps for deployed Federal personnel.

- **The HHS Pandemic Flu Plan CD LINK**

DOI Pandemic Influenza Plan CD LINK

CDC Pandemic Influenza

VI Evaluating Appropriate Assignments and Risk

Job Hazard Analysis – Identifying Work Practices and Associated Risks

A Job Hazard Analysis (JHA) and Standard Operating Procedures (SOP's) are required for every type of assignment (see Appendices C, D and G). The JHA is used to identify and evaluate work practices and their associated risks, and to provide mitigation direction for those issues.

It is also necessary to perform a Risk Assessment to determine if missions are within the agency or unit's capability. Agency Health and Safety Handbooks should therefore be consulted to assure compliance with specific agency policies. Supervisors and appropriate line managers must ensure that JHA's are reviewed and signed *prior* to any non-routine task, or, at the beginning of fire season.

Additional JHA information can be obtained at here: As JHA's are completed, they will be posted to the National Interagency Fire Center website for reference.

A completed JHA is required for:

- Jobs or work practices that have potential hazards.
- New, non-routine, or hazardous tasks to be performed where potential hazards exist.
- Jobs requiring the employee to use nonstandard personal protective equipment (PPE).
- Changes in equipment, work environment, conditions, policies, or materials.

Risk Management Process -- Ensuring Employees are Safe

As defined in Occupational Safety and Health Administration (OSHA) regulations (contained in 29CFR1960.46): *Employees have the right to a safe workplace.*

Throughout the life cycle of an incident, every effort will be made to ensure the safety of those who assist with responding to an avian influenza or pandemic incident. Employees can refuse orders only if the danger imposed meets these three criteria:

- The threat is imminent,
- The threat poses a risk of death or serious bodily injury,
- The threat cannot be abated through normal procedures.

If an employee feels that an assignment meets any of these three criteria for refusal, that person should then follow the guidelines established within this plan or in the NWCG *Incident Response Pocket Guide* (IRPG), NFES #1077.

The Risk Management Process (see Appendix A) identified in the IRPG helps ensure that critical factors and risks associated with fireline operations and all-hazard assignments are considered during decision making.

This Risk Assessment Process has been adapted to function in an avian flu/pandemic incident. It must be applied to all operations or missions *prior* to taking action. This process, along with job hazard analysis and ICS form "215a Incident Risk Analysis Utilization" provides a comprehensive program for hazard and risk identification and mitigation.

However, assignments may include responding to, or *supporting* response to, AI in birds, or zoonotic disease in the livestock industry or wildlife. Or, in the event of a pandemic, assignments may involve working in close proximity to, or even having close contact with, persons who are ill with, or are suspected to be infected with a contagious disease.

Any time a person serving as an individual resource or member of an incident command team believes that working conditions have become unsafe—and these issues cannot be mitigated—he or she has the right and responsibility to refuse that assignment (see Appendix B).

Employee Responsibilities – Necessary Documents to Review

All employees should review the Center for Disease Control's (CDC) interim guidance documents regarding protection of employees—and their families—from seasonal flu, avian flu, and pandemic flu at these websites:

Seasonal Flu

Avian Flu

Pandemic Flu

H1N1 Flu

Employees with the potential for responding to an avian influenza incidents should also review the CDC's interim guidance documents regarding protection of employees involved in controlling and eradicating avian influenza in poultry in the United States:

"Interim Recommendations for Persons with Possible Exposure to Avian Influenza During Outbreaks Among Poultry in the United States or **CD LINK**, and

"Interim Guidance for Protection of Persons Involved in U. S. Avian Influenza Outbreak Disease Control and Eradication Activities" or **CD LINK**.

Employees responding to an avian influenza incident should have reviewed these (above) informational documents. They need to understand the relative risks and their rights while on the assignment.

To review key points and risk management measures, each responding Federal employee should also be briefed using the "Avian Influenza/Pandemic Briefing Form" (see Appendix H).

VII Responding to a Pandemic on the Local Level

Decisions That Must Be Made If a Pandemic Hits a Unit's Local Community

Should agency administrators/line officers have their local communities impacted by a pandemic, the following decisions must be addressed:

- When to implement the unit's Continuation of Operations Plan (COOP);
- What actions to take to ensure workplace safety; and
- If, when, and how to become involved in local efforts to assist the local authorities.

If authorities with jurisdiction request assistance, the agency administrator/line officer is responsible for completing a Job Hazard Analysis—with assistance from State and local health professionals—to determine how to mitigate the risks for employees becoming infected by the virus.

Leadership Responsibilities

Agency Administrators/Line Officers:

Should read and ensure that all employees have read Supplement 4 of the *HHS Pandemic Response Plan.*

- Must determine when to implement their unit's COOP to assure the critical mission work of the agency will continue. They will follow the COOP in determining those employees who are "critical" and must report to work or be available by phone. They will enforce the COOP to determine when employees work from home based on local flu outbreak reports.
- Establish work-at-home/telework agreements, plans, and connectivity to assure work can continue under the COOP. They cross-train employees to assure critical jobs are conducted.
- Establish contact with local health departments to stay apprised of the disease progress.
- Establish strict office health procedures and immediately dismiss employees who exhibit any sign of influenza, or those who have infected members within their households. (Administrative Leave and policy issuances are listed in Appendix E.)
- Ensure that all employees are familiar with all information contained in the Employees Education Package (see Appendix F).
- Have all COOP employees and responding employees review the Avian Influenza/Pandemic Briefing Form (see Appendix H).

Early in the incident, agency administrators/line officers should also open the lines of communication with the local health jurisdiction to obtain information on disease spread and recommended actions. They should also find the local county's pandemic plan on the Internet and learn their protocols.

Training

- Employees must be trained about the nature of the virus and how to safely work within an area of high exposure risk. Employees should be required to review all of the information contained in the Employee Education Package (see Appendix F). Proactive infection control measures such as providing antibacterial soap in the restrooms, cleaning work areas and keyboards with anti-viral disinfectants, and enforcing work-at-home and sick leave policies will all help prevent the spread of disease.

- The agency administrator/line officer should arrange for prevention classes for all employees to help assure a complete understanding of proper prevention techniques and safety measures.

- Any special training for employees engaged in any form of control actions or local assignments shall be completed prior to starting the assignment. This training must be conducted by experts in these respective fields.

Medical

- Certain vaccinations are recommended for all employees and are required for anyone responding to a local incident assignment during an influenza pandemic:

    - Current seasonal flu shot to reduce the chance of secondary infection and to reduce potential of genetic mixing with human influenza strains.

    - Current tetanus booster shot (within 10 years).

- Deployment to an influenza incident does not put the employee at a higher risk for Hepatitis A or B. (Refer to recommendations in All-Hazard Response for other vaccine requirements.)

- The employee exhibiting obvious symptoms such as an infection, fever, coughing should stay home and not be allowed to be a responder on an infectious disease incident..

The employee must be current with all recommended vaccinations and be supplied with all appropriate personal protective equipment—as described by local health officials—to safely perform the duties being requested.

Logistics

- The Job Hazard Analysis (JHA) is used to determine if equipment or Personal Protective Equipment (PPE) is required to safely complete a job or mission. In addition to PPE, medical countermeasures such as antivirals may be recommended for responders in some specific situations.

Operational

- When a local response is requested, the local county's health and safety plan and risk and mitigation processes should be followed.
- A clear mission tasking should be provided that identifies the support mission.
- No operational assistance should be provided to entities outside the agency for local responses without first completing a JHA with the local or State health professionals.
- If the JHA and Risk Assessment indicate that the danger of contamination cannot be reasonably mitigated, personnel from the unit must *not* engage in local control efforts.
- Any employees who are informed of the situation and respond must read the Avian Influenza/Pandemic Briefing form (included in Appendix H). The employee must be current with all recommended vaccinations and be supplied with all appropriate personal protective equipment—as described by local health officials—to safely perform the duties being requested.
- Support should be provided only for those actions in which risks can be reasonably mitigated. If risk cannot be mitigated, the request should be denied.

VIII Pandemic Considerations for Wildland Fire Operations

Reducing Health Risks Through Controls and Practices

The potential health risks associated with infectious diseases—such as the common cold and seasonal flu—within a wildland firefighting or all-hazard assignment base camp has long been acknowledged.

To reduce such health risks, incident management teams (IMT) have adopted universally accepted environmental controls and practices. With the reemergence of diseases such as tuberculosis and mumps, as well as the identification of new diseases such as Severe Acute Respiratory Syndrome (SARS), West Nile Virus, Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and avian/pandemic influenzas, it is important to identify protocols and practices that build on current environmental controls. Then, when an outbreak is discovered in a wildland firefighting base camp, these protocols and practices can be implemented.

In addition, we also need to be prepared for a scenario where wildland fire suppression operations occur during a pandemic. While suppression actions and tactics would remain primarily unchanged, a concurrent pandemic could potentially impact the number of available firefighting resources, limit the mobility of contractors and cooperators, and create the need to isolate firefighting resources from the general population.

To a certain extent, this will only elevate existing guidelines that restrict public access into active fire areas and firefighting base camps. Further restrictions can be implemented as needed—based on location, residential density, values-at-risk, and local or national health department guidance. Technical guidelines to assist IMT in ensuring public and firefighter safety can be found in the Pandemic Standard Operating Procedures (SOP) for Incident Base Camps (see Appendix G).

Measures for Limiting the Spread of Disease in Fire Camps

Some general protective measures for limiting the spread of disease within a firefighting or all-hazard assignment base camp:

- Incorporating social "distancing" principles,
- Encouraging increased personal hygiene,
- Disinfecting working and living areas,
- Minimizing contact with the general public,
- Pre- and post-deployment medical screening by local health officials,
- Establish a contact liaison with local health officials,
- Establish an assistant safety officer for influenza.

For more information, go to: Occupational Safety and Health Administration website.

IX Mobilization Under the National Response Framework

Responding to Pandemic and Avian Flu Incidents Will Require Close Attention and Review

National response under the National Response Framework (NRF) encompasses the full mobilization of resources through a Geographic Area Coordination Center (GACC) or the National Interagency Coordination Center (NICC) to wildland fire incidents or all-hazard incidents.

While the nature of wildland fire assignments is well known, the roles and responsibilities required for pandemic and avian flu incidents in evaluating the appropriate response, mission tasking, and types of resources to assign, will require close attention and review.

Wildland fire response using standard mobilization and operating procedures will continue.

In responding to an incident under the National Response Framework, each level listed below will be actively involved and conscious of the circumstances of the assignment and the assignment's potential.

Organization

National Multi-Agency Coordinating Group (NMAC)

NMAC is responsible for establishing national planning levels and coordinating national resources. NMAC will determine drawdown levels to balance the need to meet NRF requests for IMT and other national resources—as well as requests to fulfill the primary wildland fire mission.

While all-hazard incidents can be as difficult to predict as wildland fires, preplanning will include predictive services, technical experts, and worst-case scenarios to establish drawdown levels with a ready reserve.

If national resource shortages occur, NMAC will coordinate with the GACC's to establish and manage resource requests and create alternative strategies for responding to emergencies. To maximize use of all available resources, States and local governments will be represented in national planning efforts. Wildland fire assignments occurring during a pandemic will not be viewed as routine. They will be viewed as atypical—with deliberate considerations and evaluations of risk, response, and contingency.

All employees involved in all-hazard response will be supported and/or managed by an agency leader, agency liaison, or an IMT.

Agency Administrators/Line Officers

Agency Administrators/Line Officers (park superintendents, forest supervisors, district rangers, refuge managers) should be familiar with the NRF, pandemic/avian influenza guidance documents and the need to support national mobilizations.

They should understand their responsibilities in preparedness activities and monitor the progress of those activities. Line officers may be called upon to provide various levels of support, including agency representation, public information officer, or liaison officer.

Employee health and safety will remain the line officers' responsibility until they are dispatched—and will resume once they return from assignments.

Emergency Support Function #4 (Agency Liaison)

Emergency Support Function #4 (Agency Liaison) will review mission taskings to determine risks and suitability of mission tasking for response personnel. Either mitigation actions will be developed or the tasking will be returned to FEMA for resolution.

Incident Management Teams

Mission tasking will be reviewed for risks. Either mitigation actions will be developed or the tasking will be returned to the Agency Liaison to FEMA and/or Area Command for resolution.

For pandemic related incidents, the IMT will provide structure and organization for the lead and assisting agencies. Unless a specific tasking has been approved by the Agency Representative with the appropriate risk assessment and mitigation for each task, the IMT will *not* assume duties and roles of other agencies.

Because mission assignments and tasking can vary widely, the technical references in this plan must be applied to each potential situation. Possible mission taskings may include:

- Provide support for hospital, or temporary medical facilities;
- Establishment of base camp support for deployed response personnel;
- Equipment/ground support, including transportation and refrigeration units;
- Supply and delivery of base camp and medical supplies;
- Communications support;
- Community support, including establishing points of distribution for supplies.

Assignment Guidelines

Pandemics have the potential for exposing response personnel to various hazards.

While it is the Federal wildland agencies' policy to not knowingly accept hazardous assignments, individual situations and emergency events could arise that—to save lives or otherwise mitigate a larger problem—might require immediate response.

As a guideline, response personnel will follow the standards set forth in the Interagency Standards for Fire and Fire Aviation Operations Guide, NFES #2724, Section 10-10: Hazardous Material and Emergency Medical Response (see Appendix N).

In addition, some non-traditional assignments will require particular attention to the health and safety of response personnel. These should be identified as high risk assignments.

These—and Similar Assignments—
Should *NOT* Be Accepted
By Wildland Firefighters

- Provide direct patient care and movement.
- Handle or clean-up human waste.
- Move or handle deceased humans.
- Handle, bag, or dispose of biohazard-medical waste.
- Provide decontamination outside of routine base camp related functions.
- Provide hazardous material services outside of agency policy.

X Response Personnel Preparation

Briefing Form

The purpose of the "Briefing Form" (see Appendix H) is to assure that individuals are informed of all risks and hazards associated with an assignment in responding to the avian influenza or pandemic scenario or a wildfire incident during a pandemic. All response personnel must be informed of the operational requirement of the assignment.

This form will assist in providing an overview of the plan to assure that personnel are informed—or reminded—of the risks and pertinent information regarding these types of assignments.

New information is still developing. As information or agency direction becomes more refined, response personnel will receive that information in separate communications.

Medical Screening Form

The "Medical Screening Form" (see Appendix I) is used for pre-deployment and post deployment screenings to assure symptomatic employees are not deployed to an incident.

Vaccinations and antiviral medications

All response personnel are required to have certain vaccinations prior to mobilization. These vaccinations are identified in the "Medical Consideration" section of this plan. In addition, antiviral medications may be issued for high risk, potential exposure situations.

Risk Assessment

The Job Hazard Analysis (JHA) is used to manage risk and hazards. The Risk Assessment (see Appendix A) evaluates the hazards associated with any assignment.

All pandemic assignments must use the Risk Assessment Process and may employ the standard ICS-215a.

Safety Officers should become familiar with this form as well as with information resources and contacts, and agency policy regarding the kinds of mission assignments and tasking that are acceptable for employees.

Direct contact with infected birds or with symptomatic patients is outside of the normal scope of wildland fire response.

Personal Protective Equipment

Personal Protective Equipment (PPE) has been identified for various types of assignments. The types of equipment and situational requirements for particular PPE are included in each Standard Operating Procedure (SOP) (see Appendix G).

This information should be further refined for specific work assignments through the JHA and the response policies applicable to the lead agencies. Whenever there is a discrepancy, response personnel will defer to the more protective requirement.

Risk Management

Employees have the right to a safe workplace—as defined in Occupational Safety and Health Administration (OSHA) regulations (contained in 29CFR1960.46).

Every effort will be made throughout the life cycle of an incident to ensure the safety of those who assist with apandemic incident or a wildfire incident during a pandemic.

Employees may refuse orders only if the imposed danger meets all of these three criteria:

- The threat is imminent,
- The threat poses a risk of death or serious bodily injury,
- The threat cannot be abated through normal procedures.

If an employee believes an assignment meets all three of these criteria (above) for refusal, he or she should follow the guidelines established within this plan, or in the *Incident Response Pocket Guide*.

Direct contact with infected birds or with symptomatic patients is outside of the normal scope of wildland fire response and should not be part of the mission assignment.

If a Mission Is Unsafe

Determination that a mission, task, or assignment is unsafe for an individual or IMT to complete must be based on some level of risk analysis of the proposed job—and a determination of what risk cannot be mitigated.

The "Risk Management Process" adapted from the 2006 IRPG, NFES #1077 (page 1) (see Appendix A) outlines a step-by-step analytical process for identifying risks and hazards, mitigating or controlling these risks and hazards, and a step-by-step decision point process for a final go or no-go determination.

This process provides the documentation for the next step in refusing the assignment, which is in *"Mission Turn Down, How to Properly Refuse Risk"* adapted from the 2006 IRPG (page 20) (see Appendix B):

> *"Every individual has the right to a safe workplace. When an individual or IMT feels an assignment is unsafe they have the obligation to identify, to the degree possible, safe alternatives for completing that assignment. Turning down an assignment is one possible outcome of managing risk through the risk management process."*

Critical Incident Stress Management

Due to the intense and overwhelming conditions associated with disaster-related work, employees might experience traumatic stress that can significantly impact emotional and physical well-being.

There are two forms of traumatic stress:

"Single Incident Stress"
This is an event—such as traumatic injury or death—that can cause unusually strong emotional reactions. The impact could interfere with the person's ability to work safely or function normally.

"Cumulative Stress"
This can occur from long-term exposure to disaster-related work.

Critical Incident Stress Management (CISM) (see Appendix J) or counseling support will be available to incident employees, coordinated through the incident management organization. For more information, see *Incident Management Team Critical Incident Stress Management Information* and *The Emotional Toll of Disaster Relief for Rescue and Support Staff* (see Appendix J).

XI Medical Considerations

Medical requirements and guidelines outlined in this plan are for both pre-mobilization and specific types of incident.

Vaccinations

All response personnel should receive the annual seasonal influenza vaccination. While this vaccine will not protect individuals against avian or pandemic influenzas, both the World Health Organization and the Centers for Disease Control and Prevention (CDC) recommend that individuals receive the annual seasonal influenza vaccine. This is one of several measures for reducing opportunities for the simultaneous infection of humans with avian and human influenza viruses. Reducing the chance for dual infections reduces opportunities for re-assortment and the eventual emergence of a new strain of influenza virus with pandemic potential. More information is available at here.

According to the CDC, the U.S. Government can expand domestic influenza vaccine production capacity to be able to produce pandemic influenza vaccines for the entire population within six months of a pandemic declaration. However, at the beginning of a pandemic, the scarcity of pre-pandemic and pandemic influenza vaccine will require that the limited supply be allocated or prioritized for distribution and administration.

Tetanus Vaccination

A tetanus vaccination is also required for response personnel. Tetanus is caused by a bacterium, *Clostridium tetani*, found worldwide in soil, dust, and the feces of animals and humans. The likelihood of tetanus is greatest following deep, dirty puncture wounds where there is little bleeding and an absence of oxygen. Tetanus can also occur from burns, scratches, and slivers.

Anti-Viral Medication

Response personnel, including IMT members, will not currently be given antiviral medications unless they are performing tasks that put them at an increased risk, or tasks determined by the CDC to require antiviral medication. If such a task arises, medications would be administered under the guidance of the lead agency, consistent with recommendations of the CDC. In an assignment that includes assisting with poultry eradication operations, response personnel would be working under the USDA APHIS and Food Safety and Inspection Service's (FSIS) safety and health policies for those missions.

The decision regarding the necessity for antiviral during National Response Framework assignments or tasking would be deferred to the Department of Health and Human Services (HHS). In general, the CDC states that "direct contact" with infected poultry or pandemic flu patients could necessitate the use of antiviral as a preventative measure.

For more information about the use of antiviral drugs for influenza see *Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP).* MMWR 2003; 52(RR08): 1-36. This is available at HHS Pandemic Influenza Plan Supplement 7, Antiviral Drug Distribution and Use.

Hygiene and Personal Protective Equipment

Emergency responders, IMT members, and cooperators will observe the standard hygiene protocols identified by the CDC (see Appendix F). Further guidance for specific assignments is available in the Standard Operating Procedure sections of this document, or as provided by the agency in charge (see Appendix G).

Health Screening and Monitoring

The best way to identify an illness is self-diagnosis. Employees must therefore be familiar with signs and symptoms of infection, and conduct a self-diagnosis. In an effort to minimize the chance of deploying a sick person, a screening questionnaire must be completed by the employee prior to deployment. This questionnaire also provides educational information on reducing risk of infection. Similarly, the post-deployment screening form will help ensure that individuals possibly infected during the deployment do not take their illness to an area where the pandemic is not currently impacting as hard. The form states:

> *"(1) People that screen positive prior to assignment will not be mobilized; (2) People that screen positive after the return to home will be treated by the local medical facility; (3) Local health departments will determine the guidance for how individuals screening positive during an assignment will be managed."*

This form may also serve as documentation of an exposure incident (see Appendix I). (Additional Exposure Forms are listed in Appendix L.) Incident Management Teams should consider using "an incident within an incident" plan for outbreaks in camps. They should also reference the SOPs and follow procedures for illness in camp.

Logistics

Logistics focuses on what is needed, where to procure it, when to get it, how to use it and who is responsible for it. Equipment, supplies, and contractors for needed support should be identified early in the mobilization.

Analysis should determine what support will be needed to accomplish the assignments under a mission tasking. The "Base Camp Plan" contains items to consider during this analysis (see Appendix G).

Other considerations include location and access to national and area contractors and what contracts currently exist, and what are needed for the specific assignment. Some assignments may require "Push Packs" (predetermined and packaged supply components) as part of the necessary PPE (see Appendix K).

Operational

The operational component of the Standard Operating Procedures (SOPs) focuses on both general and specific information and procedures used at all wildland firefighting base camps (see Appendix G). Incident-specific procedures are for situations in which a base camp is servicing response personnel assigned to duties involving HPAI, or other strains of influenza, or any other communicable disease outbreak occurring either externally or internally to the camp and unique or more comprehensive measures are required.

The National Park Service's *HPAI in Wildlife Response Plan* (April 28, 2006) is an excellent resource for responding personnel.

General Base Camp Hygiene Standard Operating Procedures

General Base Camp Hygiene SOPs are for response personnel health and camp cleanliness. These guidelines are general recommendations and procedures that will usually be employed at all incident base camps.

Information on the hygiene SOPs is available on the on the CDC website.

Avian Influenza Standard Operating Procedures

Avian Influenza (HPAI) SOPs are for response personnel's health and base camp cleanliness in the event that the personnel are providing services either adjacent to, or away from, the base camp. These procedures are more stringent than the General Hygiene Plan and will be developed by the APHIS officials and the lead agency at the site to address specific mission tasking and issues in the assignment.

The primary objective is the health and safety of all response personnel and the public.

Primary components of the SOP are outlined in Appendix G as well as the CDC-NIOSH/USDA/FDA/OSHA publication *Occupational Health Guidance Related to Avian Influenza Matrix.*

Pandemic Influenza or Other Infectious Disease Standard Operating Procedures

Pandemic Influenza or other infectious disease SOPs are for response personnel's health and base camp cleanliness when personnel are providing health care or other public contact services at sites located either adjacent to, or away from, the base camp.

As with the (previously mentioned) HPAI SOPs, these procedures will be more stringent than the General Hygiene SOPs and will be developed by an IMT or the lead agency at the site for specific tasking and issues in the assignment.

The primary objective remains the health and safety of all response personnel and the public. Added precautions are described in the CDC publication *Interim Recommendations for Infection Control in Healthcare Facilities Caring for Patients with Known or Suspected Avian Influenza* (May 21, 2004).

Managers must be flexible and react to the new information as it becomes available. It is important to be consistent with current recommendations from public health experts such as the Centers for Disease Control and Prevention throughout the response.

XII Appendices

All of the following appendices are available online through the indicated Web links:

Appendix A: Risk Assessment (pdf)
Appendix B: Mission Turn Down – How to Properly Refuse Risk (doc)
Appendix C: Job Hazard Analysis Form (doc)
Appendix D: Job Hazard Analysis Guidelines (doc)
Appendix E: Administrative/Pay Information (doc)
Appendix F: Employee Education Package
Appendix G: Standard Operating Procedures

- Wildland/All Hazard Fire Basecamp and Hygiene (doc)
- Pandemic Influenza Incident Base (doc)
- Avian Influenza Incident Base (doc)

Appendix H: Briefing Form (doc)
Appendix I: Health Screening Form (mobilization and demobilization) (pdf)
Appendix J: Critical Incident Stress Materials

- Critical Incident Stress (pdf)
- Emotional Stress in Disaster Workers (pdf)

Appendix K: Push Packs and List of Suppliers (doc)
Appendix L: Exposure Forms (Need Forms CA1, CA2, FS, DOI or Similar-Exposure to Chemical or Biological Hazards)

FS_6700-7: Job Hazard Analysis Form 98 (rtf)
FS_6700-8: Report of Incident to Other Than Employees (rtf)
FS_6700-9: Bloodborne Pathogen Program Exposure Determination (rtf)
R5_6700-9: Occupational Exposure (rtf)
FS_6700-11: Bloodborne Pathogen Exposure Control Plan Schedule (rtf)
FS_6700-12abc: Bloodborne Pathogen Exposure Incident Report (rtf)
FS_6700-13: Bloodborne Pathogen Program Housekeeping Schedule and Methods of Decontamination (rtf)
FS_6700-15: Bloodborne Pathogen Program Post Exposure Evaluation (rtf)

Appendix M: Addresses of National Contacts (excerpt from NPS Wildlife Response Plan) (pdf)
Appendix N: Hazardous Materials: Interagency Standards for Fire and Fire Aviation Operations (rtf), NFES#2724. (Reference Chapter 09, Page 11, January 2008 edition).
Appendix Q: HazMat IC Checklist: Incident Response Pocket Guide, NFES#1077. (Reference All Risk Section, Pages 26-27, January 2006 edition).